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PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

Fallaux et al.

**Serial No.:** 09/356,575

**Filed:** July 19, 1999

**For:** PACKAGING SYSTEMS FOR  
HUMAN RECOMBINANT  
ADENOVIRUS TO BE USED IN GENE  
THERAPY

**Examiner:** M. Wilson

**Group Art Unit:** 1633

**Batch No.:** W17

**Attorney Docket No.:** 3935US

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**TRANSMITTAL OF FORMAL DRAWINGS**

Commissioner for Patents  
Attn: Official Draftsperson  
Drawing Review Branch  
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Sir:

Enclosed for filing are (20) sheets with 21 total FIGs. of formal drawings which are being submitted within the time period set by the allowance notice.

Submitted simultaneously with this transmittal is Form PTOL-85B with issue fee.

Respectfully submitted,



Allen C. Turner  
Attorney for Applicants  
Registration No. 33,041  
TRASK BRITT  
P. O. Box 2550  
Salt Lake City, UT 84110

Date: March 2, 2001

Enclosed: 20 sheets of formal drawings

ACT/le

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## PART B—ISSUE FEE TRANSMITTAL

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Lynette Eliason

(Depositor's name)

(Signature)

March 2, 2001

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/356,575	07/19/99	005	WILSON, M	1633 12/11/00
First Named Applicant	FALLALIX,		35 USC 154(b) term ext. =	0 Days.

**TITLE OF INVENTION:** PACKAGING SYSTEMS FOR HUMAN RECOMBINANT ADENOVIRUS TO BE USED IN GENE THERAPY

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 3935US	435-455.000	W17	UTILITY	YES	\$620.00	03/12/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2. \_\_\_\_\_

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE. INTROGENE B.V.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Leiden, The Netherlands

Please check the appropriate assignee category indicated below (will not be printed on the patent)

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Allen C. Turner, Reg. No. 33,044 Date 3/2/01

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